PATER	T APPLICATION F Substitute	EE DETERMINAT	TION RECORD	Tornellon unles	Application	valid OMB contro or Dockel Humbe	Number.
APP	LICATION AS FILED.					•	10/605532
	(Column 1)	(Column 2)	EMALL .	ENTITY	O R	OTHER THA	N ·
FOR BIQ FEE	. HUMBER FILED	HUMBER EXTRA		1		SMALL ENTI	TY .
DFR 1.16(e), (b), or (c))			RATE (3)	FEE (\$)	· R	TE (S) F	EE (\$)
ARCH FEE DFR 1.10(k), (I), or (m))		· .					
WINATION FEE SFR 1.16(0), (p), or (all			-				
AL CLAIMS DER 1.16(1))							
PENDENT GLAIMS	minus 20 =		X		OR X		
FR 1.10(h)	If the specification and c	•	X	. 4 46	• • •		4 1 14 41 11-t-11-th
-ICATION SIZE	. Aliabie of DRDAL' ius buu	HABIIAA Alwa (L. J.			· · · · ·	-	
FR 1.16(e))	additional 50 shade or for	milly) for each		ŀ			
	00 0.0.0.4 (18)(1)(U) ar	19 37 OFR 1.16(6).				. '	
	AIM PRESENT (37 OFR 1.16				.		· ·
difference in column 1	le less than zero, enter *0* (oolumn 2,	TOTAL		<u> </u>		
APPLICATION AS AMENDED - PART II							
100 TOOLU	•	•					
CLAIMS HIGHEST SMALL ENTITY OR OTHER THAN							
- AF	TER PREVIO	JUBLY EXTRA		ADDI-	RATE		
Total official	Minus 11 5	FOR CZ :=		TONAL EE (\$)		(F) ADDI TIONA FEE (
ependent OFF 1.16(h))	Minus *** 5	8 = /	x 25 =	OF	x.50	E	
Afficiation Siza Fee (97 GFR 1.16(s)): X/OO = NR X260 =							
TO PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST OFR 1.16(1)).							
		1-1.104//	TOTAL	OR	360	4.41	V- GC Jarbannan a
(Oolumn			ADD'L FEE	OR	TOTAL ADD'L FE		
CLAIM REMAIN	18 - HIGHER	T			•		
AFTER AMENDM	PREVIOU	SLY EXTRA		DDI-	RATE (\$	ADDI	
ole(4.15())	Minus "	PR =	FE	NAL: = (\$)		· TIONAL FEE (\$)	
Andeni (1:18(h))	Minus 444		X =	O.R	×	=	
ation Size Fee (37 OF	R 1.16(s))		X. =	OR	×	E .	
•		7 OFR (.16(I)).					
				OR .	•		
	a than the same		TOTAL :	ÓR	TOTAL		
If in column 1 is less than the entry in column 2, write "0" in column 3. Ilghest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", thest Number Previously Paid For" (Total or Indonesials than 8, enter "3",							
thest Number Praylogi	My Dald Factor of the Control	re is less than a enter "a"	•	·		•	
iss) an applicationCo	lred by 37 CFR 1.16. The Ir onlidentiality, is governed by ibmilling the completed appli	alormation is required to a	oblain or relain a ben	efil by the nut	olumn 1.	file ford the	
			Ti	- *(104)0.04[/ 10AC 11	UAS 10 CORNEIDIA.	<u> -</u>
	ni of Commerce, P.O. Box 1 oner for Palents, P.O. E			D FEE OF CO	Matter of the second se	. Any comments ক্রিন্তুর্যভাৱ	
		ox 1420' Viexauquia'	VA 22313-1450.	- , ccs up v(JMPLE [ED F	NHW2 TO THIS	/

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.